



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Earnest Reed Date of Request: 6-27-05
 ID # 111914 Date of Birth: 11-23-55 Location: S-A-2
 Nature of problem or request: Severe pain in pernia and
pain in right shoulder from pulled muscle.

Earnest Reed

Signature

DO NOT WRITE BELOW THIS LINE

Date: 6/28/05
 Time: 2030 AM PM
 Allergies: NKDA

<p>RECEIVED</p> <p>Date: <u>6/28/05</u></p> <p>Time: <u>6/28/05</u></p> <p>Receiving Nurse Intials <u>MP</u></p>
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(S)ubjective: "I got in a fight on Friday - my shoulder ^{has} ~~last~~ hurt since " "My hernia hurts"

(O)bjective (V/S): T: 96 P: 60 R: 14 BP: 116/78 WT: 225
 AAOX3, skin warm and dry, legs even and unlabored, pt presents abd. E bulging over that he indicates is herniated, pt also notes above mentioned re: shoulder. ROM-WNL, color, warmth and sensation WNL -

(A)ssessment:

all is comfort

(P)lan: refer to MD, Tylenol 500mg ~~500~~ BID + XSD

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Print Name: EDDIE Reep Date of Request: 4/22/05
ID # 111914 Date of Birth: 4-5-58 Location: 6B-110
Nature of problem or request: RECTAL BLEEDING I'VE HAD
SURGERY 8 YEARS AGO BUT THE PROBLEM
SEEMS TO BE BACK

Eddie Reed
Signature

Date: ____/____/____
Time: _____ AM PM
Allergies: _____

(P)lan:

GLF-1002 (1/4)



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: EARNEST REED Date of Request: 12-15-04
 ID # 111914 Date of Birth: 11-23-55 Location: 10-A-74
 Nature of problem or request: Severe head ache, pain from hernia
and lump in throat.

Earnest Reed
Signature

DO NOT WRITE BELOW THIS LINE

Date: 12/15/04
 Time: 1 AM PM
 Allergies: NKA

RECEIVED	
Date:	<u>12/15/04</u>
Time:	
Receiving Nurse Initials	<u>W</u>

T PLS R2D O/P 12:30 W/H2D

(S)ubjective: my hernia enlarged after I started working
cut a year ago its bad now I have sharp
pains behind my left eye about a week
 (O)bjective Old scar from abd hernia, c/o pain
in this area I have pain behind my left eye
& a knot in my throat
 (A)ssessment: c/o abd hernia pain.

(P)lan: See MD admit 600k
Ibuprofen 400mg given x1 now
then BID x 3 days @ 4# 4#

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

V. Pippins

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

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PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Earnest Reed Date of Request: 6-27-04
 ID # 111914 Date of Birth: 11-23-55 Location: 7-B-32
 Nature of problem or request: feeling weak. Have Hepatitis B. I need a blood test. pain from Hernia and need put on the dental list.

Earnest Reed
Signature

DO NOT WRITE BELOW THIS LINE

Date: 6/29/04
 Time: 8:30 AM PM
 Allergies: NKP

RECEIVED
Date: <u>6/28/04</u>
Time: <u>1:10</u>
Receiving Nurse Initials <u>d</u>

(S)ubjective: "I feel weak & have a hernia"

(O)bjective (V/S): T: 98.1 P: 68 R: 16 BP: 110/80 WT: 206

(A)ssessment: w/m alert & oriented x3; skin w/t D.
Resp. & base noted he has an abdominal
hernia. bowel sounds active x4 States he has
dist. B.I. he has some nausea
 (P)lan: to see MD on Tuesday 7-6-04

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes ☐ No ☐

Was MD/PA on call notified: Yes ☐ No ☐

hym obly PR
SIGNATURE AND TITLE

6/28/04

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Earnest Reed Date of Request: 5-2-04
ID # 111914 Date of Birth: 11-23-55 Location: 10-A-114
Nature of problem or request: Hernia, Athletes Feet, tooth Ache

Earnest Reed

Signature

DO NOT WRITE BELOW THIS LINE

Date: 5/4/04
Time: 9:15 AM PM
Allergies: None

RECEIVED
Date: MAR 3 2004
Time:
Receiving-Nurse Initials

(S)ubjective: "I have this Hernia & it is so sore. I really would like to talk to the Dr about this. I need to see Dental & I have Athlete's feet."

(O)bjective

Pt to S/C to Clo Soreness to Hernia Site. Requests to see the Dr about this & also has Athlete's feet noted. Clo for the

(A)ssessment:

Health Maintenance

(P)lan: Dental Referral made
1st appt given

1 tube of HFC given. Give another tube 4/18/04

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes ☐ No ☐

Was MD/PA on call notified: Yes ☐ No ☐

[Signature]

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Earnest Reed Date of Request: 4-28-04
ID # 111974 Date of Birth: 11-23-55 Location: 10-A-114
Nature of problem or request: athletes foot, Tooth ache,
need Hernia checked by doctor

Earnest Reed
Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
Time: _____ AM PM
Allergies: _____

<p>RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p>

(S)ubjective:

(O)bjective

(A)ssessment:

(P)lan:

Waiver signed

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

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**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: EDDIE REED Date of Request: 4/22/05
ID # 111914 Date of Birth: 4-5-55 Location: 6B-110
Nature of problem or request: RECTAL BLEEDING I'D HAD
SURGERY 8 YEARS AGO BUT THE PROBLEM
SEEMS TO BE BACK

Eddie Reed
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

RECEIVED
Date: APR 23 2005
Time: <u> </u>
Receiving Nurse Initials: <u> </u>

(S)ubjective:

(O)bjective (V/S): T: P: R: BP: WT:

(A)ssessment:

(P)lan:

Wound

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Earnest Reed Date of Request: 4-22-04
ID # 111914 Date of Birth: 11-23-55 Location: 10-A-114
Nature of problem or request: put Request for Dentist 3 weeks
Ago AND haven't came out on New's letter.
tooth Ache, please check on Situation.

Earnest Reed

Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

RECEIVED

Date:
Time:
Receiving Nurse Initials

(S)ubjective:

(O)bjective

(A)ssessment:

W A I V E R

(P)lan:

Refer to: MD/PA Mental Health (Dental) Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

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PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Earvest Reed Date of Request: 4-8-04
 ID # 111914 Date of Birth: 11-23-55 Location: 10-A-114
 Nature of problem or request: Pain from Hernia, pain from
arthritis and athlete's foot
follow up, didn't see
doctor on last request. Earvest Reed
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 4/12/2004
 Time: 9:55 AM PM
 Allergies: UKA

RECEIVED	
Date: APR 10 2004	
Time:	
Receiving Nurse Initials	

(S)ubjective:

Alrgay has DR app
STARTS he needs to see Dr. Fotherman - previously signed WADW
Reason has not been seen

(O)bjective

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Earnest Reen Date of Request: 3-26-04
 ID # 111914 Date of Birth: 11-23-55 Location: 10-A-114
 Nature of problem or request: pain from Hernia, tooth ache and
need to have my eyes checked

Earnest Reen
Signature

DO NOT WRITE BELOW THIS LINE

Date: 3/27/04
 Time: 9:35 AM ☒ PM
 Allergies: NKDA

RECEIVED Date: _____ Time: _____ Receiving Nurse Initials _____

WT 192 B/P 129/70 P 71 R 16 T 98.6

(S)ubjective: "I need to see the dentist. My feeling feel out and my tooth is decaying. I need to get my hernia checked and my eyes checked."

(O)bjective W/M to HCU. A/B/O X3. Skin warm et dry to touch. Resp even et unlabored. C/O toothache from feeling coming out. Spoth decay noted. No swelling to gums noted. Also hernia abdominal noted. Protuding hernia.

(A)ssessment: No redness noted. Also requests eyes to be checked. Reading glasses. No Rx glasses.

Get in health maintenance.

(P)lan: Refer to dental -

E. Ede

Refer to: ☒ MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes ☐ No ☐

Was MD/PA on call notified: Yes ☐ No ☐

WT
3-28-04

a Scotty

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT